

## PART B - FEE(S) TRANSMITTAL

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23699

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07/19/2006

CLAUSEN MILLER, P.C.  
 SUITE 1600  
 10S. LASALLE STREET  
 CHICAGO, IL 60603

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Lois Fisher	(Depositor's name)
Lois Fisher	(Signature)
August 9, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/711,749	10/01/2004	James W. LOWRY	4297	5748

TITLE OF INVENTION: BASE FOR POST IN POST PRODUCT PACKAGING AND DISPLAY SYSTEM

08/10/2006 CNGUYEN1 00000013 10711749

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 1400.00 0P  
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE DUE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOHANDESI, JILA M	3728	206-586000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Clausen Miller, P.C.

2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sonoco Development, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hartsville, SC

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Harold J. Fassnacht

Date 8-8-06

Typed or printed name

Registration No. 35507

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